

Standard Form 172

Form Approved
OMB No. 3306-0002

Amendment to Application for Federal Employment

Read the instructions before you complete this amendment. **Type or print clearly in dark ink.**

- You may use this form to update your Application for Federal Employment (SF 171) if you have had 2 or fewer new jobs since you completed your last SF 171.
- You must submit a new SF 171 if you have previously updated your application on three or more new jobs.
- Federal agencies must accept your previously completed SF 171 as current when this form or a signed photocopy is attached.

GENERAL INFORMATION

- 1** Reason for updating SF 171 (Check one)
- ☐ To update my SF 171 for (indicate position title or announcement number): _____
- ☐ To update the SF 171 in my Official Personnel Folder.
- ☐ To update the attached SF 171. ☐ As requested

- 2** Name (Last, First, Middle)

Mailing Address (include apartment number, if any)

City _____ State _____ ZIP Code _____

- 3** Birth date (Month, Day, Year) **4** Social Security Number

- 5** What is the lowest pay or grade you will accept. (You will not be considered for jobs which pay less than you indicate.)

Pay \$ _____ per _____ OR Grade _____

- 6** Name on SF 171 being amended, if different from **2**

- 7** May we ask your present employer about your character, qualifications, and work record? A "NO" will not affect our review of your qualifications. If you answer "NO", and we need to contact your present employer before we can offer you a job, we will contact you first.

YES	NO

WORK EXPERIENCE If you have no new work experience, write "NONE" in A below and go to 9 on the back.

- 8** • Describe your current or most recent job or volunteer experience in Block A and work backwards, describing up to 2 periods of experience not on your SF 171.
- If you were unemployed for longer than 3 months, list the dates and your address(es) at that time in 10.

A Name and address of employer's organization (include ZIP Code, if known)	Dates employed (give month, day and year)		Average number of hours per week	Number of employees you supervise
	From:	To:		
	Salary or earnings		Your reason for wanting to leave	
Starting \$ _____ per _____				
Ending \$ _____ per _____				
Your immediate supervisor		Exact title of your job		If Federal employment (civilian or military) list series, grade or rank, and, if promoted in this job, the date of your last promotion
Name	Area Code	Telephone No.		

Description of work: Describe your specific duties, responsibilities and accomplishments in this job, including the job title(s) of any employees you supervise. If you describe more than one type of work (for example, carpentry and painting, or personnel and budget), write the approximate percentage of time you spent doing each.

For Agency Use (skill codes, etc.)

B	Name and address of employer's organization (include ZIP Code, if known)	Dates employed (give month, day and year)		Average number of hours per week	Number of employees you supervised
		From:	To:		
		Salary or earnings		Your reason for leaving	
	Starting \$	per			
	Ending \$	per			
Your immediate supervisor			Exact title of your job		If Federal employment (civilian or military) list series, grade or rank, and, if promoted in this job, the date of your last promotion
Name			Area Code Telephone No.		

Description of work: Describe your specific duties, responsibilities and accomplishments in this job, including the job title(s) of any employees you supervised. If you describe more than one type of work (for example, carpentry and painting, or personnel and budget), write the approximate percentage of time you spent doing each.

For Agency Use (skill codes, etc.)

OTHER CHANGES OR ADDITIONS AND ADDITIONAL SPACE

- 9 Does any other information on your SF 171 need updating (for example, telephone number, education, or special skills)?
- | | |
|-----|------------------------------------|
| YES | Provide updated information in 10. |
| NO | Go to 11 and 12. |

10 Write the number to which each answer applies. If you need more more space, use sheets of paper the same size as this page. On each sheet write your name and Social Security Number. Attach all sheets to this form.

SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION For Privacy Act Statement, See SF 171

YOU MUST SIGN THIS APPLICATION. Read the following carefully before you sign.

- A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work. Also you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).
- I understand that any information I give may be investigated as allowed by law or Presidential order.
- I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies and other individuals and organizations, to investigators, personnel staffing specialist, and other authorized employees of the Federal Government.
- I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

11 SIGNATURE (Sign in dark ink)

12 DATE SIGNED (Month, Day, Year)